

CLARIFICATION OF THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT

HON. DAVID L. HOBSON

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. HOBSON. Mr. Speaker, on August 21, 1996, the *Health Information Portability and Accountability Act* became law. The health care administrative simplification provision of this new law is based largely on prior work done by my colleague Mr. SAWYER and myself.

As is to be expected, a few people don't want to play by the rules. It has come to my attention that a bill that I introduced in 1995 is being used by some of these groups to leverage an interpretation of the current law to say that standards for specific administrative simplification transactions to be adopted under the law are voluntary standards. I want to make it clear that, although voluntary standardization was considered in the past, it was judged to be unworkable in the real world and is not a part of the law today for that reason.

The industry has voluntary standards today. Because the standards are merely voluntary, a number of payers have continued to require others to use their individual formats, which has effectively prevented the industry as a whole from moving to a single, efficient electronic transaction environment. The splintered state of the current electronic interchange world is one key reason for the enactment of the administrative simplification provisions.

The intent of the law is that all electronic transactions for which standards are specific must be conducted according to the standards. These standards were not imposed by the law, but instead were developed by a process which included significant private sector input. Providers are given the option of whether to conduct the transactions electronically or "on paper" but if they elect to conduct them electronically, they must use the standards agreed upon through the law. Payers are required to accept these transmissions in the standard format in which they are sent and must not delay a transaction or adversely affect a provider who wants to conduct the transactions electronically.

I hope my statements today help clarify the intent of this legislation and work to prevent any non-compliance. There are specific deadlines for compliance and penalties in the law for anyone who fails to comply with the intent of this law. Mandatory compliance is required in order to meet the goals of simplifying the administration of our Nation's health care system and improving its efficiency and effectiveness.

CAMPAIGN FINANCE REFORM

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. KIND. Mr. Speaker, another day and still no campaign finance reform. As you know, I have been making a statement in the RECORD every day asking for you to schedule a vote on campaign finance reform. Each day I have

tried to point to reasons why we need reform, and examples of the problems that exist in the system. Today I was amazed and amused by three items which jumped out at me in the morning newspaper, each pointed once again for the desperate need for campaign finance reform.

The three items brought to our attention today are: the Senate majority dinner, to be held on November 5, where sponsors are asked to raise \$100,000 for the Republican Senate majority; a weekend retreat sponsored by the Democratic National Committee this weekend. The retreat costs \$50,000 and includes appearances by the President and the Vice President. And, finally, the recent disclosure that the Republican National Committee has spent \$800,000 on attack ads in the special congressional election in New York City.

Mr. Speaker, it should be obvious. There is too much money in the system, the average citizen is being shut out of the process, and the leadership of this House is unwilling to allow a vote on fixing campaign finance reform. Now is the time for action.

EXCEPTIONAL ACCOMPLISHMENTS IN CONSERVATION

HON. BART STUPAK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. STUPAK. Mr. Speaker, I rise today to pay tribute to two families in my district for their exceptional accomplishments in conservation of our resources. Harold and Virginia Schlenvogt are receiving the Menominee Conservation District's 1997 Conservation Farmers Award and Tom and Pat Schloegel are receiving the 1997 Conservation Forestry Award.

Harold and Virginia Schlenvogt own and operate a farm that has been in their family since 1932. The Schlenvogt farm is typical of the farms in Menominee County. It is 280 acres, with 150 acres cleared. There is a milking herd of 50 Holsteins and a herd of 40 young stock. The barns, silos, and sheds were all built by Harold, and a new home stands next to the site of the original farm house.

While the farm may be typical, the commitment of the Schlenvogt family to the task of farming and to community service is something special. In addition to full-time farming, Harold has served on many local boards and commissions, as well as church building and Sunday School boards. Harold and Virginia have passed along their strong family values. One son, Steve, has his own farm just down the road, and another son is serving the county as a member of the road commission.

The Schlenvogt's are now planning to retire and enjoy their 3 children and 10 grandchildren. While Menominee County still has some 300 producing farms, we will truly miss Harold and Virginia's agricultural contributions.

The second couple being honored for their conservation efforts is Tom and Pat Schloegel. The Schloegel's moved to Menominee in the mid 1960's to escape the pace and development of Chicago and to raise their family in God's country. One of their early investments was in a 280 acre parcel of property with many dilapidated old buildings and woods that were in need of sensible forestry management.

Over the past 30 years, Tom, Pat, and their children have harvested wood from the property and planted thousands of trees as part of the Forest Stewardship Program. When the Schloegel's four boys were in school, Tom sent saplings to their classes on Arbor Day to encourage an early education of the importance of forest stewardship in our youth. Tom and Pat's son Scott Schloegel is my chief of staff here in Washington and recalls many weekends spent with his family on the property working their garden, planting trees, and harvesting select trees that were marked for removal to allow healthy growth of the forest. Now every time Scott gets home to see his parents it includes a trip to "the farm" to monitor progress of the plantings and reminisce about the great times spent with the family over the years.

The Schloegel's continue their efforts to encourage stewardship today by planting trees to honor their grandson, constructing ponds for wildlife and giving Global Relief shirts to their children which say "Cool the Globe, Plant a Tree" on them.

Mr. Speaker, it is because of families like the Schlenvogt's and the Schloegel's that we in northern Michigan are able to enjoy such a high quality of life. I thank them for their conservation efforts and congratulate them on receiving their awards from the Menominee Conservation District.

INTRODUCTION OF LEGISLATION TO HELP THE NATION'S SAFETY NET HOSPITALS: CARVE OUT OF DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. RANGEL. Mr. Speaker, on behalf of myself and Mr. STARK, Mr. CARDIN, Mr. LEWIS of Georgia, and Mr. BECERRA, I am today introducing legislation to give equitable treatment to the Nation's safety net hospitals, the hospitals which serve a disproportionate share of the Nation's uninsured and low income.

Our bill carves out disproportionate share hospital [DSH] payments from the amount we give HMO's and pays those DSH funds directly to DSH hospitals when managed care company patients use a DSH hospital.

This legislation completes a process well-started in the Balanced Budget Act. In the just-enacted Balanced Budget Act, we carved out from what we pay HMO's the amount attributable to the cost of graduate medical education [GME] and provided that, when an HMO's patient actually uses a GME hospital, that hospital will be directly reimbursed by Medicare for its extra GME expenses. This provision corrects a serious problem facing our Nation's teaching and research hospitals: HMO's get paid as if they use these hospitals, but in many—but not all—cases, HMO's avoid these more expensive hospitals. The carve out will prevent windfalls to HMO's and permit the GME hospitals to compete fairly for HMO patients.

The same logic that supported the GME carve out supports the DSH carve out. Though the Senate Finance and Commerce Committees' bills provided for both a DSH carve out